

LEE COUNTY STRIVING FOR FITNESS

LEE COUNTY EMPLOYEE FITNESS PROGRAM

REGISTRATION FORM

WATER AEROBICS CLASS

Name

Age

Date of Birth

Mailing Address

Telephone Number

E-mail Address

Emergency Telephone Number

Name

Address

Doctor's Name

Business Address

Telephone Number

IF THERE IS ANY ADDITIONAL INFORMATION THAT YOU FEEL NEEDS TO BE INCLUDED IN YOUR FILE, PLEASE NOTE IN THE SPACE BELOW (I.E. ALLERGIES).

WARNING, LIABILITY, RELEASE, AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS:

I understand that participation in this recreational program involves the risk of injury. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches/supervisors of the program. Furthermore, in return for the opportunity to participate in this program I agree for myself, and my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the County provides no insurance.

Signature of Participant

Date

Water Aerobics Classes

Monday and Wednesday

5:30 pm to 6:30 pm

\$10/per month

June _____ July _____ August _____

Please check the month you plan to attend